



Choose your week: July 16 - July 20 July 23 - July 27 Either Week

**Go STEM: Make it Work – Space Exploration
Summer Institute
Application**

Please PRINT all information

Summer 2018

Students who are currently in grades 6, 7, and 8 are eligible for this institute.

Student Demographic Information

Student Name _____ DOB ____/____/____ Age _____ Grade _____

Home Phone(____) _____-_____

Physical Address:

Mailing Address

Same as physical address

Street _____ Street (if different) _____

City _____ State ____ Zip _____ City _____ State ____ Zip _____

Ethnicity (optional):

American Indian or Alaska Native Asian Black or African American Native Hawaiian or other Pacific Islander White

Student's Primary Language (if other than English): _____ Is the student eligible for free/reduced lunch? Yes No

Current School _____ School Address _____ School Phone _____

Parent/Guardian Information

1st Parent/Guardian

2nd Parent/Guardian

Name _____

Name _____

Address Same as Student (if different, enter below)

Address Same as Student (if different, enter below)

Physical Address _____

Physical Address _____

City, State, Zip _____

City, State, Zip _____

Mailing Address _____

Mailing Address _____

City, State, Zip _____

City, State, Zip _____

Home Phone Same as Student (____) _____-_____

Home Phone Same as Student (____) _____-_____

Cell (____) _____-_____ email _____

Cell (____) _____-_____ email _____

Workplace _____ phone (____) _____-_____

Workplace _____ phone (____) _____-_____

Parent type biological grandparent aunt/uncle
 adoptive stepparent legal guardian foster parent

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Medical Information/Emergency Contacts

We must have a contact number at all times. If there is an emergency, it is important that we be able to reach you. □ In an emergency, I/we authorize the staff of the Go STEM Summer Institute to seek medical assistance for the student if I/we cannot be reached

Doctor's Name _____ Any Medical Alerts? (Please list on lines below)
Doctor's phone (____)____-_____
Hospital _____

If you cannot be reached in an emergency who should we contact to get your child home or under medical care

Name _____ Phone (____)____-_____
Relation to student _____

In addition to the emergency contacts listed on the other side, list all individuals who have permission to pick up the student from school.

The Go STEM Summer Institute staff must be **notified in writing** if there are any changes to this list.

If there is anything "medically special" about your child we should know about (such as asthma, allergies, bee sting reactions, special diet, diabetes, medication for seizures or hyperactivity, heart conditions, physical limitations, etc) please list them here:

Does the child have special needs? No Yes (if Yes, student receives Special Education 504 Plan)

Permissions/Releases

I hereby give permission to Go STEM and its sponsoring organizations for the following:

- My student can attend any field trips sponsored by the Go STEM Summer Institute.
- My child can be included in any media releases including print and web based media pertaining to the
- Go STEM Summer Institute.
- The CDO STEM Leadership Council can have access to student performance and career plan data from my child's school (such as courses taken, report card and assessment results, and college/career plan information) for the purposes of a long term study of the effectiveness of the program and its ability to reach its intended outcomes.

Parent/ Guardian Signature _____ Date ____/____/____

Please continue →

Student Interest Information

Please list any hobbies, interests and extracurricular activities in which you participate.

What are your strengths?

Are you considering a career in a science, math or engineering related field?

1	2	3	4	5
No Chance		Maybe		Absolutely

Please list any careers that you are considering.

Please write a response to one of the prompts below in 250 words or less. Please type your response and attach it to your application.

1. Why would you make a good scientist, mathematician, or engineer?
2. If you could invent something to make the world “greener,” what would you invent?
3. If you could invite a famous scientist, mathematician, or engineer for dinner; who would you invite, why, and what questions would you ask?

To complete the 2018 Go STEM Summer Institute application process, please provide one letter of reference from a **Science** teacher. Attach the letter to your application.

Student Signature _____ Date ____ / ____ / ____

Parent/Guardian Signature _____ Date ____ / ____ / ____

This application needs to be returned by May 18, 2018 to:

Kevin Johnson - CDO STEM Council Member
Oneonta City School District
31 Center Street
Oneonta NY 13820

Cost: \$60 for residents of Chenango, Delaware and Otsego counties and \$275 for non-residents (lunch included)

Please make your check payable to: *The Research Foundation of SUNY*

Do not send in a check until you receive an acceptance letter.

Payment assistance will be available to those in need.